



Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

Commonwealth of Virginia OCT 07 2013

VOTER REGISTRATION ELECTORAL BOARD

*Please read instructions before completing this form. Type of Statement ☑ AMENDED □ NEW This committee is registering with the This committee is filing an amended Statement of Organization. Virginia State Board of Elections for the first Date Changes Took Effect SBE-issued Committee ID **Committee Information** Committee Information Campaign Website **Candidate Information** Suffix Candidate Information By checking this box, I certify that I am currently registered to vote at the address above. **Election Information** Election Information November May Special Political Party Year of Election Type of Election



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	Treasurer	Information	
Treasurer Information	Salutation Last Name 143 Hilton Stree Residence Address Alexandria City Atexandria County or City of Residence Kelly Chook & Skelly Ch		Apt # VA State Zip Code 919195626 Voter Identification # 703-244-6396 Daytime Phone # d to vote at the address above.
		Depository	
Burket	Herbert Brok		
Name of Primary F 306 Ea Alexa	inancial Institution of Monroe tre	Name of Other Fin	ancial Institution (if applicable)
City	State	City	State
Committee Activity			
Dates of Activity	Please provide the following dates. (If an Date first contribution accepted: Date first expenditure made: Date campaign depository designate Date filing fee paid for party nomina Date Statement of Qualification file Date treasurer appointed:	$\begin{array}{c} 5 25 \\ 5 5 1 \\ \hline 5 25 \\ \text{ation:} \boxed{N/4} \end{array}$	ccurred for this committee, write "N/A") $\frac{12}{12}$ $\frac{1}{12}$ $\frac{1}{12}$ $\frac{1}{12}$

(continued on next page)



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Please indicate the method by which this committee will submit all required campaign finance reports: File electronically using SBE's Electronic Filing Application. File electronically using an SBE Approved Vendor (Please indicate Name of Vendor:)		
Signature Date Date		
Signatures		
I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the Code of Virginia. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony. Date Date		
I accept the appointment of Treasurer of this campaign committee. I understand that I am required to complete with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the Code of Virginia). I understand that I must truthfully report all monies and things of value which this campaign committee receives of expends in a timely manner. Civil penalties will be assessed in the manner required by the Code of Virginia for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 whice is punishable by a Class 5 felony.		
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